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MAR 17 2000

## CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original and a duplicate for fee processing  
(Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))

CHECK BOX, if applicable.  
 DUPLICATE

|                                    |   |               |
|------------------------------------|---|---------------|
| Address to:                        | Attorney Docket No.<br>of Prior Application | 0815          |
| Assistant Commissioner for Patents | First Named Inventor                        | Jung, Rudolf  |
| Box CPA                            | Examiner Name                               | A. Nelson     |
| Washington, DC 20231               | Group/Art Unit                              | 1649          |
|                                    | Express Mail Label No.                      | EL437306333US |

This is a request for a  continuation or  divisional application under 37 C.F.R. § 1.53(d), (continued prosecution application (CPA) of prior application number 09/020,716, filed on February 9, 1998, entitled Alteration of Amino Acid Compositions in Seeds.

1.  Enter the unentered amendment previously filed on under 37 C.F.R. §1.116 in the prior nonprovisional application.
2.  A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. §1.53(d)(4).
  - a.  **DELETE** the following inventor(s) named in the prior nonprovisional application:
    - b.  The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4.  A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
  - a.  PTO-1449
  - b.  Copies of IDS Citations

00000146 161052 09020716  
69.00 CH  
72.00 CH  
10.00 CH

03/17/2000 WAMM11  
01 FC:131  
02 FC:102  
03 FC:103

| CLAIMS | (1) FOR   | (2) NUMBER FILED | (3) NUMBER EXTRA              | (4) RATE                        | (5) CALCULATIONS |
|--------|---|------------------|-------------------------------|---------------------------------|------------------|
|        | TOTAL CLAIMS<br>(37 C F R. § 1 16(c) or (j))  | 21 - 20* =       | 1                             | x \$ 18.00 =                    | \$ 18.00         |
|        | INDEPENDENT CLAIMS<br>(37 C F R. § 1 16(b) OR (l))  | 4 - 3** =        | 1                             | x \$ 78.00 =                    | 78.00            |
|        | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))  |                  |                               | + \$260.00 =                    |                  |
|        |   |                  |                               | BASIC FEE<br>(37 C F R. § 1 16) | \$690.00         |
|        |   |                  | Total of above Calculations = |                                 | \$786.00         |
|        | Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28)                                |                  |                               |                                 |                  |
|        | * Reissue claims in excess of 20 and over original patent<br>** Reissue independent claims over original patent |                  |                               | TOTAL =                         | \$786.00         |

6. Small entity status:

- a.  A small entity statement is enclosed, if (b) and (c) do not apply.
- b.  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c.  Is no longer claimed.

7. The commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-1852:

- a.  Fees required under 37 C.F.R. § 1.16
- b.  Fees required under 37 C.F.R. § 1.17
- c.  Fees required under 37 C.F.R. § 1.18

8.  A check in the amount of \$ \_\_\_\_\_ is enclosed.

9.  New Attorney Docket Number, if desired: 0815A

10. a.  Receipt for Facsimile Transmitted CPA (PTO/SB/29A)  
b.  Return Receipt Postcard.

11.  Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.

**10. NEW CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label

or  New correspondence address below

(Insert Customer No. or Attach code label here)

|         |  |           |                |          |                |
|---------|--|-----------|----------------|----------|----------------|
| NAME    | Catherine D. Brooke                            |           |                |          |                |
| ADDRESS | 7100 NW 62 <sup>nd</sup> Avenue<br>PO Box 1000 |           |                |          |                |
| CITY    | Johnston                                       | STATE     | IA             | ZIP CODE | 50131          |
| COUNTRY | USA  | TELEPHONE | (515) 248-4819 | FAX      | (515) 334-6883 |

**11. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED**

|                   |                            |
|-------------------|----------------------------|
| Name (Print/Type) | Catherine D. Brooke        |
| Signature         | <i>Catherine D. Brooke</i> |
| Registration No.  | 44,041                     |
| Date              | March 15, 2000             |